PTO/SB/17 (12-04)
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AUEMAN					Complete if Known			
Fees oursuant to ti	Effective on he Consolidated Au	12/8/2004. opropriations Act. 2	005 (H.R. 4	.Applio	ation Number	09/159,69	95	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Date	September 24, 1998		
FEE TRANSMITTAL					lamed Inventor	Barry, et al.		
	For FY	2005		Exam	iner Name	T	onwanit, B.	
· · · · · · · · · · · · · · · · · · ·				Custo	mer No.	25537		
☐ Applicant Claims small entity status. See 37 CFR 1.27					nit	2143		
TOTAL AMOUNT OF PAYMENT (\$) 390.00					ey Docket No.	COS97087		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 13-2491 Deposit Account Name: MCI, Inc.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charges fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments								
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and								
authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING,				0115550		ION CEEC		
	FILING	FEES Small Entity	SEAR	CH FEES Small Entity	EXAMINAT Sm	ION FEES		
Application Type		Fee (\$)	Fee (\$)	Fee (\$)		Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity								
Fee Description Fee (\$) Fee (\$)								
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25								
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100								
Multiple dependent claims Total Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims								
Total Claims	<u>Extra Clain</u> r HP = 0			\$ 0.00		Fee (\$)	Fee Paid (\$)	
109 - 109 o HP = highest number of t				Ψ 0.00		\$360.00	<u></u> -	
Indep. Claims	Extra Clain		\$)	Fee Paid (\$)				
4 -4 or	HP= 0	× \$200.0	00 =	\$ 0.00			•	
HP = highest number of independent claims paid for, if greater than 3								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)								
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
0 - 100 = 0 /50 = 0 (round up to a whole number) x \$250.00 = \$0.00								
4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount)								
Other:_Statutory disclaimer (3) 3 x \$130								
SUBMITTED BY	/_	+/- -						
Signature	100	gount 2		egistration No. .ttorney/Agent)	44658		elephone (703) 425-8508	
Name (Print/Type)	Phouphanomk	eth Ditthavong		Res. No.	54,221		Pate October 17, 2005	